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JUN - 7 2016

U. S. DISTRICT COURT
EASTERN DISTRICT OF MO
ST. LOUIS

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MISSOURI
_____ DIVISION

Confessa Lavonda Davis

(Enter above the full name of the Plaintiff[s]
in this action.)

- VS -

John Cochran and
Medical Physican

Case No. _____
(To be assigned by Clerk
of District Court)

(Enter above the full name of **ALL** Defendant[s] in this action. Fed. R. Civ. P. 10(a) requires that the caption of the complaint include the names of **all** the parties. Merely listing one party and "et al." is insufficient. Please attach additional sheets if necessary.

COMPLAINT

- I. State the grounds for filing this case in Federal Court (include federal statutes and/or U.S. Constitutional provisions, if you know them):

II. Plaintiff, Coryesha DAVIS resides at
5455 Helen AVE, ST. Louis, ST. Louis
street address city county
Missouri, 63136, 314-327-0894
state zip code telephone number

(if more than one plaintiff, provide the same information for each plaintiff below)

III. Defendant, John Coharan and medical Physician lives at, or its business is located at
_____, _____, _____
street address city county
_____, _____
state zip code

(if more than one defendant, provide the same information for each defendant below)

- IV. Statement of claim (State as briefly as possible the facts of your case. Describe how each defendant is involved. You must state exactly what each defendant personally did, or failed to do, which resulted in harm to you. Include also the names of other persons involved, dates, and places. Be as specific as possible. You may use additional paper if necessary):

The John Cochran VA Medical Center failed to treat me the proper way when I told everything that was wrong with me to my Primer Mental health Physican. The Physican did not assit with give me farth help, ~~which he did not he did~~ Like try to give me x-Rays of my Pain area ~~at that he try was~~ Or anything that can help see what is cause pain to me. All he suggest what up my dose on my medication which I beleve were cause me more pain. Also ~~the did provide~~ Another physican to After the fact my body was healing.

V. Relief: State briefly and exactly what you want the Court to do for you.

VI. MONEY DAMAGES:

A) Do you claim either actual or punitive monetary damages for the acts alleged in this complaint?

YES ☒

NO ☐

B) If your answer to "A" is YES, state below the amount claimed and the reason or reasons you believe you are entitled to recover such money damages:

All they can give to me

VII. Do you maintain that the wrongs alleged in the complaint are continuing to occur at the present time?

YES ☒

NO ☐

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 7 day of JUNE, 2016

Corytha Dune
Signature of Plaintiff(s)